

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NORTHSTAR LEADERSHIP PAC

ADDRESS (number and street)

PO Box 28754

☐Check if different  
than previously  
reported. (ACC)

St. Paul

MN

55128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00386573

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Elizabeth Maruggi

Signature of Treasurer

Electronically Filed by Elizabeth Maruggi

Date

07

29

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NORTHSTAR LEADERSHIP PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	26458.32
(b) Cash on Hand at Beginning of Reporting Period .....	26458.32	
(c) Total Receipts (from Line 19) .....	1707.11	1707.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28165.43	28165.43
7. Total Disbursements (from Line 31) .....	25946.25	25946.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2219.18	2219.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	36432.25	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NORTHSTAR LEADERSHIP PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1707.11	1707.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1707.11	1707.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1707.11	1707.11

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	20946.25	20946.25	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	20946.25	20946.25	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25946.25	25946.25	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25946.25	25946.25	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20946.25	20946.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20946.25	20946.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)  
HOUSE REPUBLICAN CAMPAIGN COMMITTEE

Mailing Address 161 ST ANTHONY AVE SUITE 950

City State Zip Code  
ST PAUL MN 55103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA17.5651

Amount of Each Receipt this Period

828.75

List Rental Fee

**B.**

Full Name (Last, First, Middle Initial)  
Senate Victory Fund

Mailing Address 161 St Anthony Ave

City State Zip Code  
St Paul MN 55103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA17.5650

Amount of Each Receipt this Period

875.00

List Rental Fee

**SUBTOTAL** of Receipts This Page (optional) .....

1703.75

**TOTAL** This Period (last page this line number only) .....

1703.75

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5654</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC mgmt salaries, rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5655</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5656</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement PAC Fundraising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5657</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1395.90</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement PAC Fundraising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5658</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>1036.35</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC mgmt salaries, rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5659</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div> <div></div> <div>3500.00</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5932.25**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC mgmt salaries, rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5660</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd Suite 270</p> <p>City St Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement Consulting - PAC Fundraising Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5661</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2067.75</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Park Midway Bank NA</p> <p>Mailing Address 2300 Como Avenue</p> <p>City St Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Bank and credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5662</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 345.50</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

5913.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

Pinnacle Direct

Mailing Address 15260 113th St N

City  
Stillwater

State  
MN

Zip Code  
55082

Purpose of Disbursement  
List Rental and Database update

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5663

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.75

SUBTOTAL of Disbursements This Page (optional) .....

600.75

TOTAL This Period (last page this line number only) .....

20946.25

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NORTHSTAR LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)

PAWLENTY FOR PRESIDENT

Mailing Address ONE FINANCIAL PLAZA  
120 SOUTH SIXTH STREET 9TH FLOOR

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☒ President

State: District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5653

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ingMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4630

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt sal-  
aries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4632

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ingMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4633

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

0.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt sal-  
aries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4634

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt sal-  
aries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4640

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ing FeesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4641

Amount Incurred This Period

0.00

Payment This Period

2067.75

Outstanding Balance at Close of This Period

432.25

**1) SUBTOTALS** This Period This Page (optional).....

432.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ing FeesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4767

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt sal-  
aries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4768

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ing FeesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4769

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**1) SUBTOTALS** This Period This Page (optional).....

8500.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC Fundraising Fees

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4771

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC mgmt salaries, rent

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4772

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

1) **SUBTOTALS** This Period This Page (optional).....

9500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ing Fees

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4773

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC mgmt sal-  
aries, rent

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4774

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLC

Nature of Debt (Purpose):  
Consulting - PAC Fundrais-  
ing Fees

Mailing Address 7300 Hudson Blvd  
Suite 270

City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4775

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**1) SUBTOTALS** This Period This Page (optional).....

8500.00

**2) TOTALS** This Period (last page this line number only).....

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt salaries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4776

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC Fundraising FeesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD10.4777

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
Consulting - PAC mgmt salaries, rentMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

3500.00

Transaction ID: SD10.4778

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

**1) SUBTOTALS** This Period This Page (optional).....

9500.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NORTHSTAR LEADERSHIP PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
PAC Fundraising feesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

1036.35

Transaction ID: SD10.5582

Amount Incurred This Period

0.00

Payment This Period

1036.35

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect, LLCNature of Debt (Purpose):  
PAC Fundraising feesMailing Address 7300 Hudson Blvd  
Suite 270City State ZIP Code  
St Paul MN 55128

Outstanding Balance Beginning This Period

1395.90

Transaction ID: SD10.5583

Amount Incurred This Period

0.00

Payment This Period

1395.90

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

36432.25

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

36432.25